Form No: UG2

**INDIAN INSTITUTE OF TECHNOLOGY (INDIAN SCHOOL OF MINES) DHANBAD**

**OFFICE OF THE DEAN (ACADEMIC)**

**APPLICATION FOR PURSUING INTERNSHIP/ACADEMIC WORK**

**(FOR B.TECH STUDENTS)**

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| **Academic Session** | | |  | | | **Semester** | | Monsoon | | | |  | | Winter | | |  | | | Summer |  |
| 1. | Name of Student | |  | | | | | | | | | | | | | | | | | | |
| 2. | Admission No. | |  | | | | | | Department | | | | | |  | | | | | | |
| 3. | Program | |  | | | | | | Branch (if any) | | | | | |  | | | | | | |
| 4. | Institute Email ID | |  | | | | | | | | | | | | | | | | | | |
| 5. | Contact Number | |  | | | | | | Current CGPA | | | | | |  | | | | | | |
| 6. | Academic Status  (Tick if applicable) | | Warning | | | | Please Tick | | | | | | Academic Probation | | | | | | Please Tick | | |
| 7. | Backlog, if any | | Fail Backlog Count | | | |  | | | | | | Fresh Backlog Count | | | | | |  | | |
| 8. | Details of Internship / Academic Work: (Copy of the Offer letter to be attached) | | | | | | | | | | | | | | | | | | | | |
|  | **Name and address of the Institute/Organization where Internship / Academic Work will be pursued:** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Period of Internship** | | | | | | | | | | | | | | | | | | | | |
| From | DD/MM/YYYY | | To | DD/MM/YYYY | | | | | From | DD/MM/YYYY | | | | | To | | DD/MM/YYYY | | | |

**Undertaking:**

1. I hereby assure that on pursuing the above cited internship / acdemic work, solely I will be responsible for timely completion of my academic program.
2. I will complete the registration along with other academic and administrative requirements in the Institute, as per the timeline mentioned in the academic calendar, during the period of my internship.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Documents to be attached:**

1. Copy of Offer letter 2. Copy of Passport (in case of going to abroad)

OFFICE USE ONLY

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| 1. **To be Approved by the Head of Department (in all cases*):***   Whether Recommended:        **YES NO**  Reasons (if not recommended):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  Copy of the approved form needs to be forwarded to AR (Acad-UG) – arug@iitism.ac.in for necessary information and record. | **2. To be Forwarded by AD, IRAA**  ***(In case the work of place is not in India):***  Whether Recommended:        **YES NO**  Date:\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature |